PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10677 139

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER T					
TOTAL CLAIMS			144					RATE	FEE]	RATE	FEE	
FC)R		NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
то	TAL CHARGEA	BLE CLAIMS	144 mir	us 20=	* 1.	24		X\$ 9=	1116	OR	X\$18=		
IND	EPENDENT CL	AIMS	3 mi	nus 3 =	* T)		X43=		OR	X86=		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1₌is	ero, enter	"0" in c	olumn 2	•	TOTAL	1501	OR	TOTAL			
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	,	(Column 1)	<u> </u>	(Colun		(Column 3)	. ,	SWALL			SWALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*.	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
·		- 1	TOTAL		OR	TOTAL							
								ADDIT. FEE			ADDIT. FEE		
		(Column 1) CLAIMS	y	(Colur		(Column 3)	1 -						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	<u> </u>	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDENI	CLAIM		1	+145=		OR	+290=		
										OR	TOTAL ADDIT. FEE		
	,	(Column 1)		(Colun	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X43=		o'r.	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	7,10-		OR	7.55-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												·	
		mber Previously Pa ber Previously Pai					er fou	nd in the app	ropriate box	in col	umn-1.		